

AO 240 (DELAWARE REV 7/00)

**UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE**

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

- 06 - 757 -

I, Moore, Kevin T. declare that I am the (check appropriate box)  
☒ **Petitioner/Plaintiff/Movant** ☐ **Other** in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

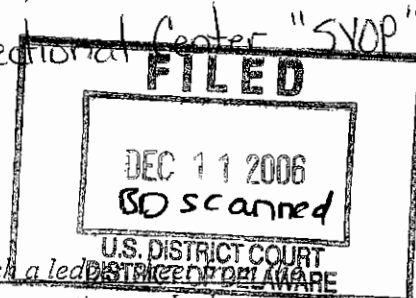
1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration Sussex County Correctional Center "SVOP"

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger sheets are not required for cases filed pursuant to 28:USC §2254.



2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. 11/20/06 Valero at Delaware City - \$1,500.00 wk. Local Union 199

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☒ Yes ☐ No

If "Yes" state the total amount \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

✓ M - Daughter = 206.<sup>00</sup> month

I declare under penalty of perjury that the above information is true and correct.

Date:

12/7/06

Signature of Applicant

Kerim Mave

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**SEE ATTACHED  
SIX MONTH STATEMENT**

VIOLATION OF PROBATION/SCCC

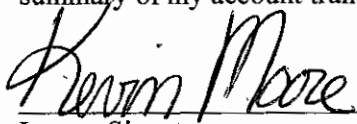
**REQUEST FORM**  
**FOR**  
**INMATE ACCOUNT ACTIVITY STATEMENT**

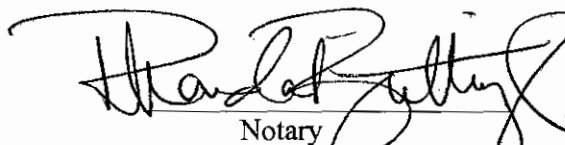
Inmate Name: Moore, Kevin T. SBI Number: 00202242  
(Last) (First) (M.I.)

Housing Unit: SVOP Pod 2

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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

  
Inmate Signature

  
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office: 12/5/06

**INMATE ACCOUNT STATEMENT**

TO: Inmate Name: Moore Kevin T.  
(Last) (First) (M.I.)  
SBI Number: 00202242  
Housing Unit: SVOP 2

FR: Inmate Account Technician

DA:

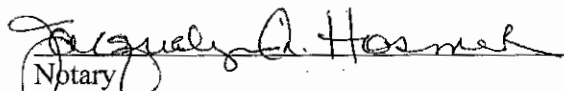
RE: Summary Of Account

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Attached is your account statement for the six month period of 21 NOV, 2006 through 6 DEC, 2006.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this period is \$ \$10.00.

Attachment

  
Notary